



KENTUCKY BOARD OF PHYSICAL THERAPY

Andrew G. Beshear
Governor

312 Whittington Pkwy. Suite 102
Louisville, KY 40222
Phone (502) 429-7140
Fax (502) 429-7142
<http://pt.ky.gov>

Scott D. Majors
Executive Director

LICENSURE VERIFICATION FORM

Applicant is to complete the portion of this form between the starred lines, and together with any fee required for processing, send the form to each physical therapy licensure agency/jurisdiction which has ever granted the applicant a license, temporary permit, or certificate to practice as a physical therapist or physical therapist assistant.

To be completed by applicant:

AUTHORIZATON: I am applying for licensure in Kentucky as a physical therapist /physical therapist assistant (circle one). I was granted license number: _____ on _____ in _____ (state) and am required to obtain verification of that license for Kentucky as a condition of my application process. You are hereby authorized to release any information in your files, favorable or otherwise, *directly to the Kentucky State Board of Physical Therapy*.

Signature: _____ Printed Name: _____

Complete Name

Home Address: _____ Date: _____

TO BE COMPLETED BY LICENSURE AGENCY:

Name: _____ License #: _____ PT ☐ PTA ☐

Original Date of Issue: _____ Expiration Date: _____

Physical Therapy School _____ Graduation Year _____

Has the license of this individual ever been denied, suspended, or revoked; or is it now on probation or disciplinary review in your state? Yes ☐ No ☐ If yes, please explain and attach a copy of the Charges and Final Order in the case. _____

STATE SEAL

Signature/Title: _____

State: _____ Date: _____



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